
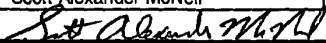


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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b>   |  | Attorney Docket No. <b>PC23199A</b>   |                               |
|   |  | First Inventor <b>Steven W. Collier</b>   |                               |
|   |  | Title <b>STABLE NON-DIHYDRATE AZITHROMYCIN ORAL<br/>SUSPENSIONS</b>   |                               |
| (Only for new nonapplications under 37C.F.R. §1.53(b))  |  | Express Mail Label No. <b>EV 272782191 US</b>   |                               |
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.   |  | <b>ADDRESS TO:</b><br>Mail Stop Patent Application<br>Commissioner for Patents<br>Box 1450<br>Alexandria, VA 22313-1450   |                               |
| 1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)<br>2. <input type="checkbox"/> Applicant claims small entity status<br>See 37 CFR 1.27<br>3. <input checked="" type="checkbox"/> Specification [Total Pages: <b>63</b> ]<br>(preferred arrangement set forth below)<br>- Descriptive title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R&D<br>- Reference to sequence listing, a table,<br>or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets: <input type="text"/><br>5. <input checked="" type="checkbox"/> Oath or Declaration [Total pages: <b>1</b> ]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))<br>(for continuation/divisional with Box 18 completed)<br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b).<br>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Copy (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies)<br>ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statement verifying identity of above copies |                               |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |  |   |                               |
|   |  | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))   |                               |
|   |  | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney<br>(when there is an assignee)  |                               |
|   |  | 11. <input type="checkbox"/> English Translation Document (if applicable)   |                               |
|   |  | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS<br>Citations  |                               |
|   |  | 13. <input type="checkbox"/> Preliminary Amendment  |                               |
|   |  | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)   |                               |
|   |  | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)   |                               |
|   |  | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122<br>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br>or its equivalent.   |                               |
|   |  | 17. <input type="checkbox"/> Other:   |                               |
| 18. If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the requisite information below and in a preliminary amendment,<br>or in an Application Data Sheet under 37CFR 1.76.<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No: <input type="text"/> / <input type="text"/><br>Prior application information:    Examiner: <input type="text"/> Group/Art Unit: <input type="text"/>   |  |   |                               |
| For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under<br>Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.<br>The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts  |  |   |                               |
| <b>18. CORRESPONDENCE ADDRESS</b>   |  |   |                               |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label    (Insert Customer No. or Attach bar code label here)    or <input type="checkbox"/> Correspondence address below<br><div style="text-align: center;"> <br/> <b>28523</b> </div>  |  |   |                               |
| Name <input type="text"/>   |  |   |                               |
| Address <input type="text"/>  |  |   |                               |
| City <input type="text"/>   |  | State <input type="text"/>  | Zip Code <input type="text"/> |
| Country <input type="text"/>  |  | Telephone <input type="text"/>  | Fax <input type="text"/>      |
| NAME (Print/type) <b>Scott Alexander McNeil</b>   |  | Registration No. (Attorney/Agent) <b>37,185</b>   |                               |
| Signature    |  | Date <b>6 AUGUST 2003</b>   |                               |

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| <input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27<br><b>Total Amount of Payment</b> (\$) <b>8698.00</b>  |          | Application Number  | To Be Assigned     |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
|  |          | Filing Date   | Herewith           |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
|  |          | First Named Inventor  | Steven W. C. Iller |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
|  |          | Examiner Name   | To Be Assigned     |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
|  |          | Art Unit  | To Be Assigned     |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
|  |          | Attorney Docket No.   | PC23199A           |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| METHOD OF PAYMENT (check all that apply)   |          | FEE CALCULATION (continued)   |                    |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: <b>16-1445</b><br>Deposit Account Name: <b>Pfizer Inc.</b><br><br><b>The Commissioner is authorized to:</b> (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |          | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge-late filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17 (g)</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="6">Other Fee (specify) _____</td></tr> <tr><td colspan="6">*Reduced by Basic Filing Fee Paid</td></tr> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td colspan="2"></td> </tr> <tr> <td colspan="2" style="text-align: right;">(\$)</td> <td colspan="2" style="text-align: right;">(\$)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2" style="text-align: right;">7948.00</td> <td colspan="2" style="text-align: right;"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>1. BASIC FILING FEE</b></td> <td colspan="4"></td> </tr> <tr> <td colspan="6"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>750</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>750</b></td></tr> </tbody> </table> </td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></td> </tr> <tr> <td colspan="6"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th></th> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>432</td> <td>-20**=</td> <td>412</td> <td>x 18</td> <td>= 7416.00</td> </tr> <tr> <td>Independent Claims</td> <td>6</td> <td>-3**=</td> <td>3</td> <td>x 84</td> <td>= 252.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>= 280.00</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="6">** or number previously paid, if greater; For Reissues, see below</td> </tr> <tr> <td colspan="6"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>7948.00</b></td></tr> </tbody> </table> </td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>SUBMITTED BY</b></td> </tr> <tr> <td colspan="4">Name (Printed/Type) <b>Scott Alexander McNeil</b></td> <td colspan="2">Complete (if Applicable)</td> </tr> <tr> <td colspan="4">Signature <i>Scott Alexander McNeil</i></td> <td>Date <b>6 August 2003</b></td> <td>Reg. Number <b>37,185</b></td> </tr> <tr> <td colspan="4"></td> <td>Telephone <b>(860)686-1848</b></td> <td></td> </tr> </tbody> </table> |                    | Large Entity   |                           | Small Entity |  | Fee Description | Fee Paid     | Fee Code        | Fee (\$) | Fee Code     | Fee (\$) | 1051     | 130      | 2051 | 65        | Surcharge - late fee or oath |     | 1052                   | 50  | 2052 | 25       | Surcharge-late filing fee or cover sheet |     | 1053                              | 130 | 1053 | 130      | Non-English specification |     | 1812                                  | 2,520 | 1812 | 2,520 | For filing a request for reexamination |     | 1804  | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |    | 1805  | 1,840* | 1805                | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110            | 2251 | 55 | Extension for reply within first month |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (g) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other Fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | <b>SUBTOTAL (2)</b> |  | <b>SUBTOTAL (3)</b> |  |  |  | (\$) |  | (\$) |  |  |  | 7948.00 |  |  |  |  |  | <b>1. BASIC FILING FEE</b> |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>750</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>750</b></td></tr> </tbody> </table> |  |  |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 750 | 2001 | 375 | Utility filing fee | 750 | 1002 | 330 | 2002 | 165 | Design filing fee |  | 1003 | 520 | 2003 | 260 | Plant filing fee |  | 1004 | 750 | 2004 | 375 | Reissue filing fee |  | 1005 | 160 | 2005 | 80 | filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>750</b> | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th></th> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>432</td> <td>-20**=</td> <td>412</td> <td>x 18</td> <td>= 7416.00</td> </tr> <tr> <td>Independent Claims</td> <td>6</td> <td>-3**=</td> <td>3</td> <td>x 84</td> <td>= 252.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>= 280.00</td> </tr> </tbody> </table> |  |  |  |  |  |  |  |  | Extra Claims | Fee from below | Fee Paid | Total Claims | 432 | -20**= | 412 | x 18 | = 7416.00 | Independent Claims | 6 | -3**= | 3 | x 84 | = 252.00 | Multiple Dependent |  |  |  |  | = 280.00 | ** or number previously paid, if greater; For Reissues, see below |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>7948.00</b></td></tr> </tbody> </table> |  |  |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  | 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 |  | 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid |  | 1204 | 84 | 2204 | 42 | **Reissue independent claims over original patent |  | 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | <b>7948.00</b> | <b>SUBMITTED BY</b> |  |  |  |  |  | Name (Printed/Type) <b>Scott Alexander McNeil</b> |  |  |  | Complete (if Applicable) |  | Signature <i>Scott Alexander McNeil</i> |  |  |  | Date <b>6 August 2003</b> | Reg. Number <b>37,185</b> |  |  |  |  | Telephone <b>(860)686-1848</b> |  |
| Large Entity   |          | Small Entity  |                    | Fee Description  | Fee Paid                  |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)           |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1051   | 130      | 2051  | 65                 | Surcharge - late fee or oath   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1052   | 50       | 2052  | 25                 | Surcharge-late filing fee or cover sheet                                   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1053   | 130      | 1053  | 130                | Non-English specification  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1812   | 2,520    | 1812  | 2,520              | For filing a request for reexamination                                     |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1804   | 920*     | 1804  | 920*               | Requesting publication of SIR prior to Examiner action                     |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1805   | 1,840*   | 1805  | 1,840*             | Requesting publication of SIR after Examiner action                        |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1251   | 110      | 2251  | 55                 | Extension for reply within first month                                     |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1252   | 410      | 2252  | 205                | Extension for reply within second month                                    |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1253   | 930      | 2253  | 465                | Extension for reply within third month                                     |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1254   | 1,450    | 2254  | 725                | Extension for reply within fourth month                                    |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1255   | 1,970    | 2255  | 985                | Extension for reply within fifth month                                     |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1401   | 320      | 2401  | 160                | Notice of Appeal   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1402   | 320      | 2402  | 160                | Filing a brief in support of an appeal                                     |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1403   | 280      | 2403  | 140                | Request for oral hearing   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1451   | 1,510    | 1451  | 1,510              | Petition to institute a public use proceeding                              |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1452   | 110      | 2452  | 55                 | Petition to revive - unavoidable   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1453   | 1,300    | 2453  | 650                | Petition to revive - unintentional   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1501   | 1,300    | 2501  | 650                | Utility issue fee (or reissue)   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1502   | 470      | 2502  | 235                | Design issue fee   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1503   | 630      | 2503  | 315                | Plant issue fee  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1460   | 130      | 1460  | 130                | Petitions to the Commissioner  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1807   | 50       | 1807  | 50                 | Processing fee under 37 CFR 1.17 (g)                                       |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1801   | 750      | 2801  | 375                | Request for Continued Examination (RCE)                                    |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1806   | 180      | 1806  | 180                | Submission of Information Disclosure Statement                             |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 8021   | 40       | 8021  | 40                 | Recording each patent assignment per property (times number of properties) |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1809   | 750      | 2809  | 375                | Filing a submission after final rejection (37 CFR 1.129(a))                |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1810   | 750      | 2810  | 375                | For each additional invention to be examined (37 CFR 1.129(b))             |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| Other Fee (specify) _____  |          |   |                    |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| *Reduced by Basic Filing Fee Paid  |          |   |                    |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| <b>SUBTOTAL (2)</b>  |          | <b>SUBTOTAL (3)</b>   |                    |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| (\$)   |          | (\$)  |                    |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 7948.00  |          |   |                    |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| <b>1. BASIC FILING FEE</b>   |          |   |                    |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>750</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>750</b></td></tr> </tbody> </table>  |          |   |                    |  |                           | Large Entity |  | Small Entity    |              | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code | Fee (\$) | 1001 | 750       | 2001                         | 375 | Utility filing fee     | 750 | 1002 | 330      | 2002                                     | 165 | Design filing fee                 |     | 1003 | 520      | 2003                      | 260 | Plant filing fee                      |       | 1004 | 750   | 2004                                   | 375 | Reissue filing fee                                |      | 1005 | 160  | 2005   | 80 | filing fee  |        | <b>SUBTOTAL (1)</b> |        |   |  |      | <b>750</b>     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| Large Entity   |          | Small Entity  |                    | Fee Description  | Fee Paid                  |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)           |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1001   | 750      | 2001  | 375                | Utility filing fee   | 750                       |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1002   | 330      | 2002  | 165                | Design filing fee  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1003   | 520      | 2003  | 260                | Plant filing fee   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1004   | 750      | 2004  | 375                | Reissue filing fee   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1005   | 160      | 2005  | 80                 | filing fee   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| <b>SUBTOTAL (1)</b>  |          |   |                    |  | <b>750</b>                |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>   |          |   |                    |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th></th> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>432</td> <td>-20**=</td> <td>412</td> <td>x 18</td> <td>= 7416.00</td> </tr> <tr> <td>Independent Claims</td> <td>6</td> <td>-3**=</td> <td>3</td> <td>x 84</td> <td>= 252.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>= 280.00</td> </tr> </tbody> </table>  |          |   |                    |  |                           |              |  |                 | Extra Claims | Fee from below  | Fee Paid | Total Claims | 432      | -20**=   | 412      | x 18 | = 7416.00 | Independent Claims           | 6   | -3**=                  | 3   | x 84 | = 252.00 | Multiple Dependent                       |     |                                   |     |      | = 280.00 |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
|  |          |   | Extra Claims       | Fee from below   | Fee Paid                  |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| Total Claims   | 432      | -20**=  | 412                | x 18   | = 7416.00                 |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| Independent Claims   | 6        | -3**=   | 3                  | x 84   | = 252.00                  |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| Multiple Dependent   |          |   |                    |  | = 280.00                  |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| ** or number previously paid, if greater; For Reissues, see below  |          |   |                    |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>7948.00</b></td></tr> </tbody> </table> |          |   |                    |  |                           | Large Entity |  | Small Entity    |              | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18        | 2202                         | 9   | Claims in excess of 20 |     | 1201 | 84       | 2201                                     | 42  | Independent claims in excess of 3 |     | 1203 | 280      | 2203                      | 140 | Multiple dependent claim, if not paid |       | 1204 | 84    | 2204                                   | 42  | **Reissue independent claims over original patent |      | 1205 | 18   | 2205   | 9  | **Reissue claims in excess of 20 and over original patent |        | <b>SUBTOTAL (2)</b> |        |   |  |      | <b>7948.00</b> |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| Large Entity   |          | Small Entity  |                    | Fee Description  | Fee Paid                  |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)           |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1202   | 18       | 2202  | 9                  | Claims in excess of 20   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1201   | 84       | 2201  | 42                 | Independent claims in excess of 3  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1203   | 280      | 2203  | 140                | Multiple dependent claim, if not paid                                      |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1204   | 84       | 2204  | 42                 | **Reissue independent claims over original patent                          |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| 1205   | 18       | 2205  | 9                  | **Reissue claims in excess of 20 and over original patent                  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| <b>SUBTOTAL (2)</b>  |          |   |                    |  | <b>7948.00</b>            |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| <b>SUBMITTED BY</b>  |          |   |                    |  |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| Name (Printed/Type) <b>Scott Alexander McNeil</b>  |          |   |                    | Complete (if Applicable)   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
| Signature <i>Scott Alexander McNeil</i>  |          |   |                    | Date <b>6 August 2003</b>  | Reg. Number <b>37,185</b> |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |
|  |          |   |                    | Telephone <b>(860)686-1848</b>   |                           |              |  |                 |              |                 |          |              |          |          |          |      |           |                              |     |                        |     |      |          |  |     |                                   |     |      |          |                           |     |                                       |       |      |       |  |     |   |      |      |      |  |    |   |        |                     |        |   |  |      |                |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |                     |  |  |  |      |  |      |  |  |  |         |  |  |  |  |  |                            |  |  |  |  |  |   |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |            |  |                     |  |  |  |  |            |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |              |                |          |              |     |        |     |      |           |                    |   |       |   |      |          |                    |  |  |  |  |          |   |  |  |  |  |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |  |  |  |                |                     |  |  |  |  |  |   |  |  |  |                          |  |   |  |  |  |                           |                           |  |  |  |  |                                |  |

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